

COUNTY OF SAN LUIS OBISPO  
CLAIM

Vendor Name \_\_\_\_\_

☐ Employer I.D. No. or  
☐ Social Security No. \_\_\_\_\_

Vendor Address \_\_\_\_\_

Requesting Department \_\_\_\_\_

Instructions:

Claim shall not be considered or allowed unless it is itemized to show:

- A. Vendor's Employer I.D. or S.S. Number.  
B. Names, dates, and particular service rendered.  
C. Claims must be signed by the Vendor, approved by the head of the department  
before filing with the County Auditor-Controller.  
D. Vendor must make separate claims for each department.  
E. Mail General County Claims to County Auditor-Controller  
Room 300 Courthouse, San Luis Obispo, CA 93408.

I HEREBY CERTIFY that this claim and the items, amounts and statements as therein set out are true and correct; that no part thereof has been heretofore paid; that the amount claimed is justly due and is presented within one year after the last items thereof have accrued.

VENDOR  
SIGN HERE \_\_\_\_\_

DATE \_\_\_\_\_

DATE 20__	DESCRIPTION	AMOUNT
TOTAL		

VENDOR - DO NOT WRITE BELOW THIS LINE

		EXPENDITURE AUTHORIZED AND APPROVED					AUDITOR-CONTROLLER	
		DEPARTMENT HEAD _____ BY _____					BY _____	
FUND OR ORG	ACCOUNT	ACTIVITY	OPTION	CHARGE CODE	DOCUMENT NO	AMOUNT	ENCUMBRANCE NUMBER	DESCRIPTION
VENDOR NO.		1099 YES NO		WARRANT NO		TOTAL	DATE MO DAY YR	
WARRANT WRITTEN? YES <input type="checkbox"/> <input checked="" type="checkbox"/>								